KENTUCKY OFFICE OF FINANCIAL INSTITUTIONS 1025 CAPITAL CENTER DRIVE, SUITE 200 FRANKFORT, KENTUCKY 40601 (PH.) 502/573-3390 OR (FAX) 502/573-8787

COMPLAINT FORM

INSTRUCTIONS: Upon receipt of a properly completed "Complaint Form," the Office will review the Complaint and, generally, request a response from the firm or individual that is the subject of the Complaint. Based on this information, the Office will decide whether or not to begin a formal investigation. If a formal investigation is begun, it will ordinarily remain confidential until terminated, as will any related documentation. You are invited to attach photocopies (no originals please) of supporting documents to the Complaint Form; however, please note that any information you provide to us may be subject to disclosure to the public, pursuant to Kentucky's Open Records Law. While customer complaints are the basis of many Office investigations, the Office receives many more complaints for investigation than resources permit it to perform.

Please Provide 10	<u>ur Name, A</u>	ddress, And Phone Nu	imber:				
Last	First	Middle Initial	Street	City	State	Zip	
Daytime Phone:		Evening Phone	::				
Please Provide The	e Name, Ad	dress, And Phone Nun	nber For Person/l	Firm Your Co	omplaint Is A	Against:	
PERSON: Last Na	ıme F	irst Name	Stre	eet	City	State	Zip
FIRM: Firm Na	me		Street	City	State	Zip	
Phone Number of	Person/Firm	1:					
the disputed transa	action, the a	omplaint below. You amount involved, if you far to resolve the claim	ou know of any	other investor	rs who may	have sim	ilar claims,
Please Provide Inf	ormation R	egarding Legal Repres	entation/Action:				
Is an attorney repre	esenting yo	u in this matter (yes or	no):? If	yes, please pi	rovide the fo	llowing i	nformation:
ATTORNEY: Las	t Name	First Name					
Law Firm Name/City/State					Phor	ne Numbe	r

PLEASE READ BEFORE SIGNING: By signing this Complaint Form, I acknowledge that (1) the information I have provided is true to the best of my knowledge and belief, (2) I have read and understood the Notice in the paragraph below, and (3) I authorize the Office to send a copy of this Complaint Form to the party or person that is the subject of the complaint, or to use the information I have provided in any manner deemed necessary or proper by the Office.

NOTICE: The Office does not provide personal legal advice, nor can it represent you in court proceedings or arbitration. Also the Office cannot decide disputes, arbitrate claims or order firms to pay judgments in personal disputes. In order to recover lost funds or obtain comparable relief, you may have to initiate private legal action; prompt action on your part is critical because state and federal laws known as "statutes of limitations" impose strict time limits on filing law suits. Thus, you may wish to contact a private attorney immediately. For names of qualified attorneys in your area, call the Kentucky Bar Association, your local

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YOUR SIGNATURE		DATE
	VOLVED THE SALE OF AN INVEST HE FOLLOWING INFORMATION. PROCESSING OF YOUR COMPI	-
1) Name of Entity or Individua	al who sold you the security:	
2) Date(s) it was sold to you:		
3) Were you provided with an	offering document, private placement me	emorandum, or a prospectus?
Yes	No	
If you were, please provinclude contracts you signed an	vide copies of pertinent supporting document checks you sent the firm.	nents with your complaint. This would
- · · · · · · · · · · · · · · · · · · ·	u this investment ask you any questions a nce, or risk tolerance before purchase of the	bout your financial condition, investment he investment?
Yes	No	
	attach additional page if necessary) and it ase provide copies with your complaint:	f you filled out any forms that provided
5) Did you receive any payme	nts from the firm or individual related to	your invesment?
Yes	No	
If so, please detail below and it	f possible provide copies of the checks yo	ou received.